



CHANGE OF CORRESPONDENCE ADDRESS <i>Applicant</i>	
Address to: Mail Stop: Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number
	Filing Date
	First Named Inventor
	Art Unit
	Examiner Name
	Attorney Docket Number

09/989,348

11/20/01

Levy et al.

1624

Mark L. Bench

021390-003710

Please change the Correspondence Address for the above-identified patent application to:



Customer Number:

20350

OR

RECEIVED

NOV 24 2003

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	ZIP		
Country				
Telephone	Fax			

TECH CENTER 1600/2900

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 37,369
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or
Printed Name William B. Kezer

Signature

Date

11.11.03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.